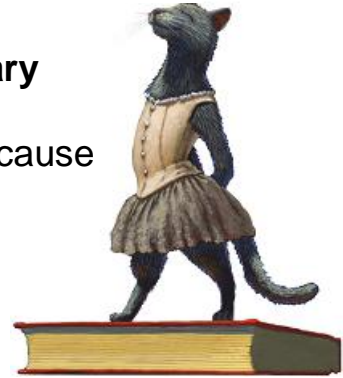


Dream Big READ!

Children's Summer Reading Program Application Indiana State Library - Talking Book and Braille Library

(Anyone ages 5-13 who cannot read a regular print book because of a visual or physical disability is eligible to join)

Please complete the following information:



Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Phone Number () _____

Date of birth _____ Grade level _____ Reading Level _____ Sex _____

Name of Parent or Guardian _____

Daytime Phone Number () _____

Check the reading media you would like to use this summer:

Digital _____ Braille _____ Large Print _____ BARD _____

Do you have a machine borrowed from our library? Yes _____ No _____

List titles of books you would like:

List favorite Author/Authors:

List favorite subjects:
